GOVERNMENT'S EXHIBIT

EXHIBIT NO. 123
1:18-CR-11

PATIENTS NAME: Emma Bowling	Primary Insurance Info: Company Name: BCBS
DOB: 05-11-98	Subscriber ID: 265905021001 / Group #: 107518
DAY TIME PHONE #: 423-424-9653	Rx BIN #: 610014 / Rx GRP: BCTcomm
DAY TIME DELIVERY ADDRESS: 1810 Duncan Ave - Chattanooga, TN 37421	Insured Name: Susanne Bowling
	Insured DOB: 10-15-65 / Relationship to Insured: daughter

ANTI-INFLAMMATORY and NEUROPATHIC TRANSDERMAL CREAMS:

- ☐ PAIN 1: _____ ___% Cascade Diclofenac 5%, Gabapentin 10%, Baclofen 2%, Cyclobenzaprine 3%, Lidocaine2%
- ☐ PAIN 2: Flurbiprofen 20%, Gabapentin 10%, Baclofen 2%, Cyclobenzaprine 3%, Bupivacaine 2%

PRESCRIPTION VITAMIN:

- ☐ VITAMIN: Biotin 6mg, Methylcobalamin 5mg (B12), 5-Methyltetrahydrofolate 5 mg (B9), Pryridoxal-5-Prosphate 50mg (B6)

SCAR and SKIN CARE MANAGEMENT GELS:

- ☒ SCAR : Fluticasone Prop 1%, Tranilast 2%, Levocetirizine 2%, Pentoxifylline 2%, Gabapentin 6%, ~~Lidocaine 4%~~ Bupivacaine
- ☐ AGE SPOTS: Tretinion 0.05%, Hydroquinone 5%, Tea Tree Oil 5%,
- ☒ ANTI-AGING/WRINKLE: Tretinion 0.1%, Ascorbic Acid 1%, Tea Tree Oil 5%, Fluticasone USP
- ☒ ACNE: Salicylic Acid 3%, Tretinoin 0.05%, Fluticasone Prop USP Micronized 0.5%
- ☐ ECZEMA: Cyanocobalamin 0.7%, Mupirocin 2%, Levocetirizine 2%, Flutlcasone 1%, Doxepin 5%
- ☐ POST LASER: Fluticasone Propienate USP Micronized 0.01%, Levocetirizine 2%, Diclofenac 6%, Lidocaine 2%
- ☒ STRETCH MARK: Tretinoin 0.05%, Hydroquinone 5%, Glycolic Acid 2.5%, Lactic Acid 2.5%, Ascorbic Acid 1%, Fluticasone Prop 1%
- ☐ WART: Imquimod 2.5%, Cimetidine 2%, D.D.G 0.2%, 5-FU 5%, Salicylic Acid 30% Cream
- ☐ SHINGLES: Orphenadrine 10%, Acyclovir 5%, Deoxy D-Glucose 0.2%, Doxepin 5%, Gabapentin 6%, Lidocaine 5%
  - ☐ Substitute Betamethasone Val 0.1% for Fluticasone Prop 1%

S3FG6 AA STF FINGER

WOUND MANAGEMENT GEL:

- ☒ Gentamicin 0.2%, Mupirocin 5%, Phenytoin 5%, Pentoxifylline 5%, Nifedipine 2%, Fluticasone Prop 1%, Itraconazole 2%

WD 1

PSORIASIS TREATMENTS:

- ☐ PSORIASIS CREAM: Methotrexate 1%, Fluticasone 0.5%, Vitamin D3 0.005%, Retinoic Acid 0.05%, Urea 20%
- ☐ PSORIASIS SHAMPOO: Fluticasone 0.5%, Vitamin D3 0.0025%

(Sig: Wet hair thoroughly. Massage up to 2 teaspoons of medication into the scalp. Leave lather on for 5 minutes. Rinse thoroughly. Apply once daily)

MIGRAINE TRANSDERMAL CREAM:

- ☐ _____% Cascade Diclofenac 3%, Sumatriptan 5%, Gabapentin 6%, Tramadol 2%, Amitriptyline 2%, Indomethacin 5%

(Sig: Apply to temple areas, behind ears and back of neck at hairline 2 Times Daily or as needed for Headache)

Quantity: 30 day supply: ☐ 180 GM/ML ☒ 240 GM/ML **Refills:** ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ PRN

SIG: Apply 1-2 gm (1-2 pumps) to affected area 3-4 times daily. ☒ No Signature Required ☐ Auto-Refill x_____

By signing below, I am formally requesting that the above prescription formulas in the quantity with refills indicated be written for me by a medical professional and filed under the insurance information I have given for approval and shipment to my residence.

PATIENT SIGNATURE: Candace M. Bowling **DATE:** 5/28/14

The FDA does not review any compounded medication for safety or efficacy.

Universal Claim Form for a Compounded Medication

Recognized by the International Academy of Compounding Pharmacists

Pharmacy Information

Willow Pharmacy Inc.
1519 HWY 22 W
Madisonville Center Suite 5
Madisonville, LA 70447
Phone: 877-558-7943

Pharmacist

Pharmacist's Name	Date
CAMPO , VINCENT	5/30/2014

Pharmacist's License #	NCPDP #	NPI
13723	1936523	1649520859

Pharmacist's Signature	State ID #
X	006595

Patient

Name	Telephone
BOWLING, EMMA	(423)424-9653

Address
1810 DUNCAN AVE

City	State	Zip
CHATTANOOGA	TN	37421

Birthdate	Sex	Social Security/Subscriber I.D. No.
5/11/1998	F	

Patient's Relationship to Cardholder

Cardholder

Name	Telephone

Address

City	State	Zip

Birthdate	Sex	Social Security/Subscriber I.D. No.

Employer	Employer ID

Group No.	Plan No.

Patient Authorization

I hereby authorize release of information to health care providers, institutions, and/or payers that may pertain to my illness and/or treatment received. I certify that the information I have reported with regard to my insurance coverage is correct, and I have received the pharmacist care/services rendered.

X _____ X _____
Patient Signature Date

I hereby authorize my Pharmacy (in either case, "Pharmacy") to execute on my behalf any assignment of benefits documents required to permit to my insurer to make payment directly to Pharmacy or its assigns. I understand that any amounts not paid by insurer because of deductible clauses, lack of coverage or refusal to accept assignment of benefits shall be my responsibility.

X _____ X _____
Patient Signature Date

Prescription

Medication Name	Price	Compounding fee
WD1-GENTAMICIN/MUPIROCIN/PHENYTOIN/PENTOXYFYLLINE/NIFEDIPINE/	$14,097.46	$0.00

Prescription Number	Days Supply	Level of effort	Date Filled	Quantity Dispensed
Rx #114357	30		5/30/2014	240 GM

Dosage Form	Strength
GEL	0.2/5/5/5/2/1/2%

Ingredients	NDC	Qty.	Ingredient Cost
GENTAMICIN SULFATE USP	51927-1610-00	0.480 GM	$12.11
MUPIROCIN USP	52372071604	12.000 GM	$1,674.96
PHENYTOIN USP	51927-1216-00	12.000 GM	$114.72
PENTOXIFYLLINE USP	51927-4389-00	12.000 GM	$104.64
NIFEDIPINE USP	52372-0856-06	4.800 GM	$144.00
FLUTICASONE PROPIONATE	52372085802	2.400 GM	$8,400.00
ITRACONAZOLE EP MICRONIZED	51927-4325-00	4.800 GM	$945.60
CEPAPRO GEL	52372068405	163.536 GM	$2,870.06
PROPYLENE GLYCOL USP	62991-1292-02	27.984 GM	$0.95
		Total	$14,267.04

Doctor

Prescriber's Name	Prescriber's DEA	Prescriber's NPI
CANDACE CRAVEN	MC2443086	1114258746

DAW: 0 - No DAW

Pharmacist Authorization

I hereby certify that the above compounded medication was ordered by the stated prescriber specifically for the stated patient. This medication is not commercially available in this formulation or dosage form. The compounding was done using the highest possible standards, pure chemicals or drugs and contemporary technology.

Because this prescription is compounded and not manufactured, an NDC number is not required for reimbursement.

X _____ X 1/12/2015
Pharmacist Signature Date:

If you have difficulty in submitting this form or receiving payment from your insurance company, please contact us, your employer benefits manager, or the State Insurance Commissioner.

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Pharmacy Information

Willow Pharmacy Inc.
1519 HWY 22 W
Madisonville Center Suite 5
Madisonville, LA 70447

Phone: 877-558-7943

Pharmacist

Pharmacist's Name	Date
CAMPO , VINCENT	5/30/2014

Pharmacist's License #	NCPDP #	NPI
13723	1936523	1649520859

Pharmacist's Signature	State ID #
X	006595

Patient

Name	Telephone
BOWLING, EMMA	(423)424-9653

Address
1810 DUNCAN AVE

City	State	Zip
CHATTANOOGA	TN	37421

Birthdate	Sex	Social Security/Subscriber I.D. No.
5/11/1998	F	

Patient's Relationship to Cardholder

Cardholder

Name	Telephone

Address

City	State	Zip

Birthdate	Sex	Social Security/Subscriber I.D. No.

Employer	Employer ID

Group No.	Plan No.

Patient Authorization

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X _____ X _____
Patient Signature Date

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X _____ X _____
Patient Signature Date

Prescription

Medication Name	Price	Compounding fee
STRETCH-TRETINOIN/HYDROQUINONE/GLYCOLIC ACID/LACTIC ACID/ASCC	$11,025.21	$0.00

Prescription Number	Days Supply	Level of effort	Date Filled	Quantity Dispensed
Rx #114358	30		5/30/2014	240 GM

Dosage Form	Strength
CREAM	0.05/5/2.5/2.5/1/1 %

Ingredients	NDC	Qty.	Ingredient Cost
HYDROQUINONE USP	52372069604	12.000 GM	$159.60
GLYCOLIC ACID 70%	51927-2705-00	8.568 GM	$6.85
LACTIC ACID USP (88.0-92.0%), L (+)	51927-3110-00	6.720 GM	$4.10
TRETINOIN USP (ALL TRANS- RETINOIC ACID)	52372072904	0.120 GM	$20.88
VITAMIN E ACETATE (DL) USP LIQUID (1 IU/MG)	51927-1032-00	1.200 GM	$5.88
ASCORBIC ACID USP FINE POWDER	51927-1483-00	2.400 GM	$6.24
BASE, PCCA PRACASIL (TM)- PLUS	51927-4655-00	196.992 GM	$2,421.03
FLUTICASONE PROPIONATE	52372085802	2.400 GM	$8,400.00
PROPYLENE GLYCOL USP	62991-1292-02	12.000 ML	$0.41
SODIUM HYDROXIDE NF (CAUSTIC SODA)	51927-1237-00	2.400 ML	$0.46
		Total	$11,025.45

Doctor

Prescriber's Name	Prescriber's DEA	Prescriber's NPI
CANDACE CRAVEN	MC2443086	1114258746

DAW: 0 - No DAW

Pharmacist Authorization

I hereby certify that the above compounded medication was ordered by the stated prescriber specifically for the stated patient. This medication is not commercially available in this formulation or dosage form. The compounding was done using the highest possible standards, pure chemicals or drugs and contemporary technology.

Because this prescription is compounded and not manufactured, an NDC number is not required for reimbursement.

X _____ X1/12/2015
Pharmacist Signature Date:

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Pharmacy Information

Willow Pharmacy Inc.
1519 HWY 22 W
Madisonville Center Suite 5
Madisonville, LA 70447
Phone: 877-558-7943

Pharmacist

Pharmacist's Name	Date
CAMPO , VINCENT	5/30/2014

Pharmacist's License #	NCPDP #	NPI
13723	1936523	1649520859

Pharmacist's Signature	State ID #
X	006595

Patient

Name	Telephone
BOWLING, EMMA	(423)424-9653

Address
1810 DUNCAN AVE

City	State	Zip
CHATTANOOGA	TN	37421

Birthdate	Sex	Social Security/Subscriber I.D. No.
5/11/1998	F	

Patient's Relationship to Cardholder

Cardholder

Name	Telephone

Address

City	State	Zip

Birthdate	Sex	Social Security/Subscriber I.D. No.

Employer	Employer ID

Group No.	Plan No.

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X _____ X _____
Patient Signature Date

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X _____ X _____
Patient Signature Date

Prescription

Medication Name	Price	Compounding fee
STF -SALICYLIC ACID/TRETINOIN/FLUTICASONE 3/0.05/0.5 % CREAM	$6,922.66	$0.00

Prescription Number	Days Supply	Level of effort	Date Filled	Quantity Dispensed
Rx # 114359	30		5/30/2014	240 GM

Dosage Form	Strength
CREAM	3/0.05/0.5 %

Ingredients	NDC	Qty.	Ingredient Cost
TRETINOIN USP (ALL TRANS- RETINOIC ACID)	52372072904	0.120 GM	$20.88
BASE, PCCA PRACASIL (TM)- PLUS	51927-4655-00	219.480 GM	$2,697.41
FLUTICASONE PROPIONATE	52372085802	1.200 GM	$4,200.00
SALICYLIC ACID	52372069103	7.200 GM	$3.96
PROPYLENE GLYCOL USP	62991-1292-02	12.000 GM	$0.41
		Total	$6,922.66

Doctor

Prescriber's Name	Prescriber's DEA	Prescriber's NPI
CANDACE CRAVEN	MC2443086	1114258746

DAW: 0 - No DAW

Pharmacist Authorization

I hereby certify that the above compounded medication was ordered by the stated prescriber specifically for the stated patient. This medication is not commercially available in this formulation or dosage form. The compounding was done using the highest possible standards, pure chemicals or drugs and contemporary technology.

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X _____ X 1/12/2015
Pharmacist Signature Date:

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Pharmacy Information

Willow Pharmacy Inc.
1519 HWY 22 W
Madisonville Center Suite 5
Madisonville, LA 70447
Phone: 877-558-7943

Pharmacist

Pharmacist's Name	Date
CAMPO , VINCENT	5/30/2014

Pharmacist's License #	NCPDP #	NPI
13723	1936523	1649520859

Pharmacist's Signature	State ID #
X	006595

Patient

Name	Telephone
BOWLING, EMMA	(423)424-9653

Address: 1810 DUNCAN AVE

City	State	Zip
CHATTANOOGA	TN	37421

Birthdate	Sex	Social Security/Subscriber I.D. No.
5/11/1998	F	

Patient's Relationship to Cardholder:

Cardholder

Name	Telephone

Address:

City	State	Zip

Birthdate	Sex	Social Security/Subscriber I.D. No.

Employer	Employer ID

Group No.	Plan No.

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X _____ Patient Signature — X _____ Date

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X _____ Patient Signature — X _____ Date

Prescription

Medication Name	Price	Compounding fee
AA - TRETINOIN/ASCORBIC ACID/TEA TREE OIL/FLUTICASONE 0.1/1/5/0.25 Cl	$4,798.15	$0.00

Prescription Number	Days Supply	Level of effort	Date Filled	Quantity Dispensed
Rx #114360	30		5/30/2014	240 GM

Dosage Form	Strength
CREAM	0.1/1/5/0.25

Ingredients	NDC	Qty.	Ingredient Cost
TRETINOIN USP (ALL TRANS- RETINOIC ACID)	52372072904	0.240 GM	$41.76
BASE, PCCA PRACASIL (TM)- PLUS	51927-4655-00	212.760 GM	$2,614.82
FLUTICASONE PROPIONATE	52372085802	0.600 GM	$2,100.00
TEA TREE OIL (MELALEUCA ALTERNIFOLIA)	51927-2416-00	12.000 GM	$35.16
ASCORBIC ACID USP FINE POWDER	51927-1483-00	2.400 GM	$6.24
PROPYLENE GLYCOL USP	62991-1292-02	12.000 ML	$0.41
		Total	$4,798.39

Doctor

Prescriber's Name	Prescriber's DEA	Prescriber's NPI
CANDACE CRAVEN	MC2443086	1114258746

DAW: 0 - No DAW

Pharmacist Authorization

I hereby certify that the above compounded medication was ordered by the stated prescriber specifically for the stated patient. This medication is not commercially available in this formulation or dosage form. The compounding was done using the highest possible standards, pure chemicals or drugs and contemporary technology.

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X _____ Pharmacist Signature — X1/12/2015 Date:

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1519 HWY 22 W
Madisonville Center Suite 5
Madisonville, LA 70447

Phone: 877-558-7943

Pharmacist

Pharmacist's Name	Date
CAMPO , VINCENT	5/30/2014

Pharmacist's License #	NCPDP #	NPI
13723	1936523	1649520859

Pharmacist's Signature	State ID #
X	006595

Patient

Name	Telephone
BOWLING, EMMA	(423)424-9653

Address
1810 DUNCAN AVE

City	State	Zip
CHATTANOOGA	TN	37421

Birthdate	Sex	Social Security/Subscriber I.D. No.
5/11/1998	F	

Patient's Relationship to Cardholder

Cardholder

Name	Telephone

Address

City	State	Zip

Birthdate	Sex	Social Security/Subscriber I.D. No.

Employer	Employer ID

Group No.	Plan No.

Patient Authorization

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X _____ X _____
Patient Signature Date

Prescription

Medication Name	Price	Compounding fee
S3FG6 FLUTICASONE/TRANILAST/LEVOCETIRIZINE/PENTOXIFYLLINE/GABA	$12,161.03	$29.66

Prescription Number	Days Supply	Level of effort	Date Filled	Quantity Dispensed
Rx #114361	30		5/30/2014	240 GM

Dosage Form	Strength
GEL	1/2/2/2/6/1%

Ingredients	NDC	Qty.	Ingredient Cost
PENTOXIFYLLINE USP	51927-4389-00	4.800 GM	$41.86
BASE, PCCA PRACASIL (TM)- PLUS	51927-4655-00	192.000 GM	$2,359.68
FLUTICASONE PROPIONATE	52372085802	2.400 GM	$8,400.00
LEVOCETIRIZINE DIHYDROCHLORIDE	52372069903	4.800 GM	$396.48
GABAPENTIN USP	52372091210	14.400 GM	$792.00
TRANILAST	51927-3178-00	4.800 GM	$48.72
BUPIVACAINE HYDROCHLORIDE USP MONOHYDRATE	52372-0882-03	2.400 GM	$92.14
PROPYLENE GLYCOL USP	62991-1292-02	14.400 GM	$0.49
		Total	$12,131.37

Doctor

Prescriber's Name	Prescriber's DEA	Prescriber's NPI
CANDACE CRAVEN	MC2443086	1114258746

DAW: 0 - No DAW

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